

Aug 29 18, 09:47p

Wright Way CHC

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278208

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Ella P Wright DBA Wright Way Community Healthcare Consultants

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2018 - 285 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Ella P Wright

Submitted by:

Telephone: 803-937-5823

Address: 960 Dantzler St

Fax: 803-747-7297

Orangeburg, SC 29115

Other: 803-378-6638

Email: porterwrig66@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: <u>ys</u> |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED
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PSC SC
CLERK'S OFFICE

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Wright Way CHC

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 8-9-2018

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. **WRIGHT WAY COMMUNITY HEALTHCARE CONSULTANTS, LLC**

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

960 Dantzler St

Street Address of Applicant

SAA

Mailing Address of Applicant (if different from street address)

803-937-5823

Phone

803-747-7297

Fax

porterwig66@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text" value="10,000"/>
Cash in Bank	<input type="text" value="10,000"/>
Value of Other Assets and Equipment	<input type="text" value="12,000"/>
Total Assets	<input type="text" value="32,000"/>

Liabilities:

Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Business/Other Loans Owed	<input type="text" value="0"/>
Other Liabilities or Debts	<input type="text" value="0"/>
Total Liabilities	<input type="text"/>

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

12.60 per mile proposed Rate

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT

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Wright Way CHC

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INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Wright Way Community Healthcare Consultants, LLC

Name of Applicant

960 Dantzler St

Address of Applicant

Amount of Premium:

Liability Insurance \$ 1,492.000

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	3,000,000
Medical Payments per Person	\$ 1,000	10,000

① NSO

Name of Insurance Company

1100 Virginia Dr. Suite 250 Ft. Washington, PA 19034-3227

Home Office Address of Company

② American Casualty Company of Reading Pennsylvania
333 South Wabash Ave.
Chicago, IL 60604

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Carolina Ins Group of SC Inc
Joel Sauls
PO Box 2086
Lexington, SC 29071
KEN LADUCT

803-951-3351

CONTACT NAME: KEN LADUCT

PHONE (A/C, No, Ext): 803-951-3351

FAX (A/C, No): 803-951-3290

E-MAIL ADDRESS: ken@carolinainsgroup.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: N.C.C.I. - South Carolina

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Wright Way Community Health
Care Consultants, LLC
960 Dantzler Street
Orangeburg, SC 29115

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTR		INSR WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	
	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Per occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	OTHER:					
	AUTOMOBILE LIABILITY					
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>					COMBINED SINGLE LIMIT (Per accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH) <input type="checkbox"/>	Y/N <input type="checkbox"/>	APP# 44920070	05/30/2018	05/30/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

DHEC-01

DHEC
2100 Bull Street
Columbia, SC 29201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Debra McKnight

ACORD 25 (2016/03)

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HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP

Certificate of Insurance

OCCURRENCE POLICY FORM



Print Date: 2/6/18

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG		From 01/27/18 to 01/27/19 at 12.01 AM Standard Time

Named Insured

Wright Way Community Healthcare Consultants
129 Jade Cir
Orangeburg, SC 29115-8166

Program Administered by:

Nurses Service Organization
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034-3278
1-888-288-3534
www.nso.com

Medical Specialty

Nursing Firm
Excludes Cosmetic Procedures

Code

80964

Insurance is provided by:

American Casualty Company of Reading, Pennsylvania
333 South Wabash Avenue, Chicago, IL 60604

Professional Liability

Professional Liability

\$1,000,000 each claim

\$3,000,000 aggregate

Your professional liability limits shown above include the following:

- Good Samaritan Liability
- Malplacement Liability
- Personal Injury Liability
- Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

License Protection	\$25,000	per proceeding	\$25,000	aggregate
Defendant Expense Benefit	\$1,000	per day limit	\$25,000	aggregate
Deposition Representation	\$10,000	per deposition	\$10,000	aggregate
Assault	\$25,000	per incident	\$25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$25,000	per person	\$100,000	aggregate
First Aid	\$10,000	per incident	\$10,000	aggregate
Damage to Property of Others	\$10,000	per incident	\$10,000	aggregate
Enterprise Privacy Protection - Claims Made	\$25,000	per incident	\$25,000	aggregate
Retroactive Date: 01/27/17 (Defense inside limits)				

General Liability

General Liability

\$1,000,000 each claim / \$3,000,000 aggregate

Fire and Water Legal Liability

Included in the GL limit above subject to \$250,000 aggregate sublimit

Total: \$1,402.00

Base Premium: \$1,402.00

Policy Forms & Endorsements (Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D	G-121501-C	G-145184-A	G-147292-A	CNA81753	CNA81758	GSL13424
GSL13425	GSL15564	GSL15565	GSL17101	CNA80052	CNA82011	G-123846-C39
G-123828-B	CNA79516	CNA79575	G-121504-C			

Chairman of the Board

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Master Policy #: 188711433

Form #: G-141241-B

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AON PREMIUM FINANCE, LLC
200 E. RANDOLPH STREET, CHICAGO, IL 60601 (312) 381-4628
COMMERCIAL INSURANCE PREMIUM FINANCE AND SECURITY AGREEMENT

Page 1 of 14

NC LIC. _____ SC LIC. _____		Agent Number AM555	Contract Number _____
Name and address of Insured(s) (as shown in the policy) and co-obligor if any Wright Way Community Healthcare Consultants 129 Jade Cir Orangeburg SC 29115.		Name and Address of Insured's Agent ("Agent") AFFINITY INS SERVICES, INC MEDICAL MALPRACTICE PROGRAM 1100 VIRGINIA DRIVE, SUITE 250 FORT WASHINGTON, PA 19034	
Telephone Number: 1-803-378-6638		Telephone Number: 1-215-773-4600	
Policyholder Designation (Check One): <input checked="" type="checkbox"/> COMMERCIAL () Proprietorship () Partnership () Corporation		Type of Agreement (Check One): <input checked="" type="checkbox"/> New () Additional Premium	
Indicate contract number of current policy being financed. _____			

SCHEDULE OF POLICIES COVERED BY THIS AGREEMENT

For Company Use Only	POLICY NUMBER Prefix Number	Full Name of Insurance Company and Address of Branch Reporting Office and Full Name and Address of General Agent	TYPE OF INSURANCE	TERM IN MONTHS	POLICY EFFECTIVE DATE MM/DD/YYYY	POLICY PREMIUM
14500		AMERICAN CASUALTY COMPANY (PA)	PL	012	01/27/2018	1,417.00

NY: Charge under §2119 of New York Insurance Law for obtaining and servicing these policies. If none, state "None". \$ _____

FLORIDA DOCUMENTARY STAMP TAX \$ **\$00.00**

APF

DISCLOSURE STATEMENT - PAYMENT SCHEDULE

Payment Plan: ☒ Monthly () Quarterly () Annually

of Payments **10**

CASH PRICE (Total Premiums) **\$1,417.00**

First Payment Due **02/27/2018**

Subsequent payments are due on the same day of each succeeding period.

CASH PRICE	Cash Down Payment	Amount Financed (The amount of credit provided on your behalf)	Finance Charge (The dollar amount the credit will cost you)	Total of Payments (The amount you will have paid when you have made all of your payments)	Amount of Each Payment	Annual Percentage Rate (the cost of your credit as a yearly rate)
\$1,417.00	\$212.55	\$1,204.45	\$88.65	\$1,293.10	\$129.31	15.750 %

AON PREMIUM FINANCE, LLC (HEREIN AFTER CALLED APF)

200 E. Randolph Street, Chicago, IL 60601 (312) 381-4628
 Prepayment: The Insured may prepay in full at any time and receive a refund of the unearned finance charge, calculated according to the Rule of 78's (actuarial method in AR, AZ, CA, MA, MO, NJ, OR, PA, VT, short rate method in SC), and subject to a nonrefundable charge stated on page two. Minimum refund is \$1.00 (except AK, where there is no minimum refund).

Security Interest: The Insured assigns to APF as security for payment of this agreement all sums payable to the Insured with reference to the policies listed above, including, among other things, any gross return premiums and any payment on account of loss which results in reduction of unearned premium in accordance with the terms of said policies.

Delinquency charge: The Insured agrees that upon default in payment of any installment five days or more (more than 5 days in IL, MS, OH) to pay a

Delinquency Charge of 5% of the delinquent installment. In AK, CA, DE, MI, MN, ND, NJ, OR, TN, TX, the Delinquency Charge is not due until installment is in default for ten days or more, more than 10 days in MA, NM, 7 days in VA. Maximum delinquency charge is \$5 in DE, MT, ND; \$100 in MD; \$500 in NM; 1 1/2% of the installment in NJ with a minimum of \$25. In AK, OR, for delinquent payments of less than \$250, the delinquency charge is the lesser of 5% of the payment or \$5. the delinquency charge is 2% of the payment. KS: Delinquency charge is \$5 plus 2% of the installment in default.

Cancellation Charge: The Insured agrees that if a default results in cancellation of the policy(ies) to pay a Cancellation Charge in the amount stated on page two. (Not applicable in AK, KY, TX, NC.)

See the provisions on page two for additional information about non-payment, default, and any repayment in full before the scheduled date and any prepayment refunds or penalties.

NOTICE 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, INCLUDING THE WRITING ON PAGE TWO, OR IF IT CONTAINS ANY BLANKS. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT AT THE TIME YOU SIGN IT. 3. YOU UNDERSTAND AND HAVE RECEIVED A COPY OF THIS AGREEMENT. KEEP IT TO PROTECT YOUR LEGAL RIGHTS. 4. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. 5. SEE PAGE TWO FOR IMPORTANT INFORMATION.

When used in this Agreement, "Insured" means the Insured and any co-obligor named above and all insureds covered by the Policies listed in the Schedule of Policies. Each Insured jointly and severally agrees to make all payments required by this Agreement and to be bound by all of its provisions including those on page two. The person signing represents and warrants that he or she is authorized to enter into this Agreement on behalf of each Insured and to bind each Insured to this Agreement. Each Insured agrees that APF may send all notices under this Agreement to the Insured's address shown above. You are not required to enter into an insurance premium financing arrangement as a condition to the purchase of any insurance policy.

By **SIGNATURE ON FILE** (Signature of Insured) Date DATE ON FILE

(Typed Name and Title)

AGENT'S REPRESENTATIONS AND WARRANTIES

The undersigned Agent has read the Insurance Agent's Representations and Warranties on page two and makes all such representations and warranties recited therein and agrees to be bound by the terms of this Agreement.

By **SIGNATURE ON FILE** (Signature of Agent) Date DATE ON FILE

(Typed Name and Title)

APF AIF (Ed. 07-90)

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AIFS



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Wright Way CHC Sep 04 18, 04:45p

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ACCEPTED FOR PROCESSING - 2018 September 6 7:34 AM - SCPCSC - 2018-285-T - Page 9 of 14

Palmetto Premium Service Company, Inc.

PREMIUM FINANCE AGREEMENT

Quote # E414889

South Carolina
141 CHARTER OAK DRIVE
LEXINGTON, SC 29071
Phone 803-951-3351

☐ PERSONAL ☒ COMMERCIAL ☒ NEW ☐ AGENCY RENEWAL ☐ ADD'L PREMIUM

THIS AGREEMENT, made effective the 30 day of May 2018, between
WRIGHT WAY COMMUNITY HEALTH CARE CONSULTANTS, LLC
(Name of Borrower/Insured exactly as it appears in financed policies)

ADDRESS 960 DANTZLER STREET
CITY ORANGEBURG STATE SC ZIP 29115 PHONE # (803) 378-6638

hereinafter called the Borrower, and PALMETTO PREMIUM SERVICE COMPANY, I, A SOUTH CAROLINA CORPORATION hereinafter called Lender, for the purpose of financing the purchase of insurance policies described in the Scheduled Policies of Insurance listed in page 3 to this Agreement.

TOTAL PRICE OF PREMIUMS	CASH DOWN PAYMENT	PRINCIPAL BALANCE OWED ON PREMIUMS	DOC STAMPS & SERVICE FEE (if applicable)	TOTAL AMOUNT FINANCED	FINANCE CHARGE (Amount credit costs over term of loan)	TOTAL OF PAYMENTS (Amount paid if all payments made as scheduled)	ANNUAL INTEREST RATE
6,630.00	1,326.00	5,304.00	0.00	5,304.00	268.08	5,572.08	11.97

SELECT BILLING OPTION: ☐ Payment Book ☒ Monthly Invoice ☐ Direct Debit

Amount of Monthly Payment: 619.12 Number of Payments: 9 Date First Payment is Due: 6/30/2018

YOUR PAYMENT SCHEDULE WILL BE:
Each monthly payment due on same day of each succeeding month until paid in full.

FOR VALUE RECEIVED, BORROWER PROMISES TO PAY to the order of Lender at the address given at the top of this page, the Total Amount Financed and all sums shown above, including interest at the Annual Interest Rate and other charges as described hereinafter, pursuant to the terms stated below and in page 2 of this Agreement.

1. **SECURITY FOR PAYMENT:** To secure payment of all sums due under this Agreement, Borrower grants Lender a security interest in any unearned premiums or other sums which may become payable under the Scheduled Policies of Insurance shown on page 3.

2. **LIMITED POWER OF ATTORNEY:** BORROWER IRREVOCABLY APPOINTS LENDER AS ATTORNEY-IN-FACT TO CANCEL THE SCHEDULED POLICIES OF INSURANCE AFTER BORROWER DEFAULTS IN MAKING PAYMENTS UNDER THIS AGREEMENT.

3. **NOTICE TO BORROWER:** (1) Do not sign this Agreement before you read it, or if it contains any blank space (other than as provided on the next page). (2) You are entitled to have and should retain a completely filled in copy of this Agreement to protect your legal rights, (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge, and (4) BY SIGNING BELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF THIS AGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES 1, 2 AND 3 OF THIS AGREEMENT.

SIGNATURE OF ALL INSURED(S) NAMED IN POLICIES OR AUTHORIZED AGENT OF INSURED(S), AS PERMITTED BY LAW:

Date X Name and Title: Elia P Wright Date _____ Name and Title: _____

PRODUCER'S REPRESENTATIONS & WARRANTIES:

The undersigned Producer represents and warrants that: (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belief, Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrower's signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.

PRODUCER / AGENCY
Name CAROLINA INS GROUP OF SC
Address PO BOX 2086
LEXINGTON, SC 29071

Date _____ PRODUCER'S SIGNATURE _____

Special Comments
This agreement assigned to Premium Assignment Corporation.

Exhibit Fit, Willing, and Able (FWA)

Wright Way Community Healthcare Consultants, LLC

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Ellen P Wright
Applicant's Signature

CEO/owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Sumter)

SWORN TO BEFORE ME,

This 10th day of August, 2018

Thomas Lewis Williams
Notary Public

Commission Expires

01/09/2027

Print Application

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

Wright Way Community Healthcare Consultants, LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated South Carolina
State:

Registered Agent

Agent: Ella Porter-Wright

Address: 129 Jade Circle
Orangeburg, South Carolina 29115

Important Dates

Effective Date 01/27/2017

Expiration N/A
Date:

Term End N/A
Date:

Dissolved N/A
Date:

Official Documents On File

Filing Type	Filing Date
Articles of Organization	01/27/2016